



# TOWN OF TRURO

## Assessors Office

### Certified Abutters List Request Form

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

NAME OF AGENT (if any): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ FAX \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

(street address)

PROPERTY IDENTIFICATION NUMBER: MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

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**ABUTTERS LIST NEEDED FOR:** (Fee must accompany the application unless other arrangements are made)

**Please check applicable:**

	<b>FEE:</b>		<b>FEE:</b>
____ Board of Health	<b>\$10.00</b>	____ Planning Board	
____ Cape Cod Commission	<b>\$15.00</b>	____ Special Permit	<b>\$15.00</b>
____ Conservation Commission	<b>\$10.00</b>	____ Site Plan	<b>\$15.00</b>
____ Zoning Board of Appeals	<b>\$15.00</b>	____ Preliminary Subdivision	<b>\$15.00</b>
____ Licensing	<b>\$15.00</b>	____ Definitive Subdivision	<b>\$15.00</b>
____ Other _____			<b>Inquire</b>

(Please Specify)

*Please Note: The Office has up to 10 calendar days to process your order.*

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#### THIS SECTION FOR ASSESSORS OFFICE USE ONLY

Date request received by Assessors: \_\_\_\_\_ Date completed: \_\_\_\_\_

List completed by: \_\_\_\_\_

**Revised 12/26/14**